

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/586015		FILING DATE				
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51		/				
2		/		/			52		/				
3		/		/			53		/				
4		/		/			54		/				
5		/		/			55		/				
6		/		/			56		/				
7		/		/			57	/	/				
8		/		/			58		/				
9		/		/			59		/				
10		/		/			60		/				
11		/		/			61		/				
12		/		/			62		/				
13		/		/			63		/				
14		/		/			64		/				
15		/		/			65			/			
16		/		/			66			/			
17		/		/			67			/			
18		/		/			68			/			
19		/		/			69						
20		/		/			70						
21	/		/				71						
22		/		/			72						
23		/		/			73						
24		/		/			74						
25		/		/			75						
26	/		/				76						
27		/		/			77						
28		/		/			78						
29		/		/			79						
30	/		/				80						
31		/		/			81						
32	/		/				82						
33		/		/			83						
34		/		/			84						
35		/		/			85						
36		/		/			86						
37		/		/			87						
38		/		/			88						
39		/		/			89						
40		/		/			90						
41		/		/			91						
42		/		/			92						
43		/		/			93						
44		/		/			94						
45	/		/				95						
46		/		/			96						
47		/		/			97						
48		/		/			98						
49		/		/			99						
50		/		/			100						
TOTAL IND.		↓		↓		↓	TOTAL IND.	7	↓	7	↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.	57	←	28	←		←
TOTAL CLAIMS							TOTAL CLAIMS	64		35			